

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41875**BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 119 Wilkinson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) C.	c. (Last) Daley	4. DATE OF DEATH (Month) (Day) (Year) December 15-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 1, 1872	9. AGE (In years last birthday) 78	10. MONTHS 11	11. DAYS 14	12. HOURS 14	13. MINUTES 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Brown	13b. MOTHER'S MAIDEN NAME Mary D. Buschmann	14. NAME OF HUSBAND OR WIFE James W. Daley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Arthur Daley(son) St. Charles, Mo.	18. ADDRESS dec'd Jan 1935
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction DUE TO (c) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 days. 6 weeks Undet. 42-48
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **12-15** 19 **50**, to **12-15**, 19 **50**, that I last saw the deceased alive on **12-15**, 19 **50**, and that death occurred at **6:06 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. M. Intine	(Degree or title) M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 12-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 18, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo	24d. LOCATION (City, town, or county) (State) St. Charles, Missouri
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DATE REC'D BY LOCAL REG. Dec 16, 1950	REGISTRAR'S SIGNATURE Frankie Johnston	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co.	ADDRESS 800 N. 2nd St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 22 1950

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 4189

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph F. Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.